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06/17/2004

James Ray & Associates
 2640 Pitcairn Road
 Monroeville, PA 15146



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Maureen Mastromonaco	(Depositor's name)
Maureen Mastromonaco	(Signature)
September 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/297,798	04/11/2002	Sven Gunnar Olsson	SG 99127	1268

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINING INDIRECTLY THE CONCENTRATION OF A SPECIFIC SUBSTANCE IN THE BLOOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SIEFKE, SAMUEL P	1743	436-133000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 James Ray & Associates

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Servotek AB

Arlov, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

James A. Ray

9-16-2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/21/2004 RMEBRAH1 00000081 09297798

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Group Art Unit: 1743
)	
Sven Gunnar et al.)	Examiner: Samuel P. Siefke
)	
Serial No.: 09/297,798)	Attorney Docket: SG 99127
)	
Filed: 4-11-2002)	Date: September 16, 2004

For: METHOD AND APPARATUS FOR DETERMINING INDIRECTLY THE
CONCENTRATION OF A SPECIFIC SUBSTANCE IN THE BLOOD

MAIL STOP ISSUE FEE
COMMISSIONER OF PATENTS
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ALEXANDRIA, VA 22313

ISSUE FEE TRANSMITTAL

Sir:

Enclosed is Part B of the Issue Fee Transmittal for the above-referenced application, along Form PTO-2038, Credit Card Payment Form authorizing the fee of \$1,330.00 to cover the Issue Fee.

Respectfully submitted,

James O. Ray, Jr.
Agent for Applicant(s)
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